

Edward Volintesta

February 26, 2014

To: Public Health Committee

Re: S.B. No. 36: An Act Concerning The Governor's Recommendations To Improve Access To Health Care

I have been practicing primary care in Bethel for almost 40 years. I am submitting testimony in favor of S.B.No. 36.

The most common argument against granting APRNs independent status is that primary care MDs have more training. But this argument is misleading because primary care has undergone a radical transformation in the past twenty or so years. The forerunner of today's primary care doctor, the general practitioner (GP) did just about everything from delivering babies to taking out appendices. But the rapid expansion of medical science and new surgical techniques made it impossible for general practitioners to remain competent in so many areas.

Add to this the numerous regulations that insurers have placed on physicians and the excessive amount of time that doctors spend with paperwork and it is clear that the role of the primary care doctor has changed radically.

Today primary care physicians work mainly in the area of diagnosis and prevention; and coordination and maintenance of care. Many primary care doctors, who in the early years of their careers had treated a wide variety of illnesses, now find that their days are filled mostly with uncomplicated respiratory illnesses, some bone and joint problems, depression, maintenance of diabetes, stable heart disease, and hypertension.

Many only maintain an office practice and no longer take care of hospital patients or nursing home patients.

There are many important functions that APRNs can perform. In addition to some basic primary care services like treating upper respiratory infections, sore throats, and earaches, they could for example do insurance physicals, act as school nurses, make house calls, and do post-hospital follow-ups in patients' homes. These are just a few of the areas APRN s can make a difference in improving access to the health care system.

APRNs are endorsed by the Institute of Medicine (IOM) as qualified to practice independently within the limits of their education and training and because APRNs already are practicing independently in 20 states.

The Affordable Care Act will greatly increase the number of individuals seeking primary care services. In fact, experts predict that by 2020 there will be a shortage of about 60,000 primary care doctors.

Even though some medical schools are shortening their traditional four year programs by one year, it is impossible for them to fill the predicted need.

There is no doubt that one way to increase primary care access is to make greater use of advanced practice registered nurses (APRNs) by granting them independent status.

Sincerely,

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